IPDR6702 RUN DATE:	10/10/2004		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
				MECKWRITE DATE: 10/12/2004				
	T		_	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	OMORAL MOUNTS TAIM	8599	1932	DETAIL NOT COVERED BY COMBINAT				
	SMOKY MOUNTAINM H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	787	DUPLICATE OF CLAIM-SYSTEM				
		2.1	707	DOFFICATE OF CHAIN-SISTEM	105	3104	3706	602
		167	227	NO CHARGE BILLED. ENTER BILLED				
		107	221	AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404902	BLUE RIDGE COMM UNITY	U	U	*** NO DATA TO REPORT ***				
	ONIII							
		U	U		0	0	0	0
3404904	WESTERN HIGHLAN	21	93	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
			1					
		8599	87	DETAIL NOT COVERED BY COMBINAT	0	272	501	229
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
		167	49	NO CHARGE BILLED. ENTER BILLED				
				AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				
	AL HLTH CTR							
-		0	0			0	0	
		-				0	0	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		C	0	0	0
3404910	PATHWAYS	8517	103	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8329	61	CLAIM DENIED ATTENDING PROVIDE		211	1000	789
				R CANNOT BE THE SAME AS		2.22	1000	703
				THE LMA				
		8599	23	DETAIL NOT COVERED BY COMBINAT	+			
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM	8599	108	DETAIL NOT COVERED BY COMBINAT				
	CATAWBA COUNTYM ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	104	AMTNC INELIGIBLE TO RECEIVE SE			_	
		0931	104	RVICES IN IPRS.	107	295	3347	3052
			<u> </u>					<u>L_</u>
		9000		NO DATE MALVADAR ON FEET TO				
		8000	66	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				1
2404		0.0	2225					
3404913	MECKLENBURG COM	21	3398	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT		+					
		8933	1293	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2657	9545	16228	6683
			1	NYTOMO IN IENG.				1
	1	8599	1272	DETAIL NOT COVERED BY COMBINAT		1		
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		UTCH DENTAT	MIIMPER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				+
	VIORAL HEAL							+
		0	0		0	0	7	
3404917		8599	152	DETAIL NOT COVERED BY COMBINAT				
	CENTERPOINT HUM AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
	AN SERVICES			BENEFIT PACKAGE.				
		143	107	CLIENT ID NUMBER NOT ON STATE	84	492	4460	3968
				ELIGIBILITY FILE				
		8931	80	AMTNC INELIGIBLE TO RECEIVE SE				-
		0331		RVICES IN IPRS.				
								+
3404918	ROCKINGHAM CO M	8517	76	CLAIMS DENIED, SUBMITTED BEYON				
	ENTAL HEALT			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	70	DETAIL NOT COVERED BY COMBINAT			_	
	+	0000	7.0	ION OF RECIPIENT, PROVIDER AND	8	190	1046	856
				BENEFIT PACKAGE.		 		+
								
		21	18	DUPLICATE OF CLAIM-SYSTEM				†
-								
3404919	_	8517	329	CIATMO DENIED CHEMITETES DEVON				
3404913	GUILFORD CO MEN	8517	329	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				-
	TAL HEALTHC			THROUGH APRIL DOS MUST BE SUBM				-
								+
		8599	162	DETAIL NOT COVERED BY COMBINAT	116	881	2733	1852
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	124	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUSI DE SUBMITIED BI				
3404920	ALAMANCE CASWEL	8517	140	CLAIMS DENIED, SUBMITTED BEYON				+
	L AREA MH D			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0	0		0	140	140	. 0
3404921		8329	797	CLAIM DENIED ATTENDING PROVIDE				
3404321	ORANGE PERSON C	0323	131	R CANNOT BE THE SAME AS				
	HATHAM AREA			THE LMA				+
		5312	754	PRIOR AUTHORIZED DOLLARS EXCEE	18	2397	4526	2129
				DED				
		0500	222	DETAIL NOT COVERED BY COMBINAT		ļ		
		8599	333	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		-		-
	+		-	BENEFIT PACKAGE.		 		+
								
3404922	THE DURHAM CENT	11	184	CLIENT NOT ELIGIBLE ON SERVICE		1		
	ER			DATE				
		0000						
		8329	136	CLAIM DENIED ATTENDING PROVIDE	0	449	1445	996
		1		R CANNOT BE THE SAME AS THE LMA	1	-		+
	-		-			 		-
	-	8599	72	DETAIL NOT COVERED BY COMBINAT	1	—		+
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				T
3404923	VGFW AREA AUTHO	8599	80	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND		ļ		
			-	BENEFIT PACKAGE.		1		
	-	11	28	CLIENT NOT ELIGIBLE ON SERVICE	-			
	+	-	1	DATE	· •	153	2026	1872
								
	1					1		
	1	21	17	DUPLICATE OF CLAIM-SYSTEM		1		
	1				1	I		1
								+

VALID_ ENTER CID AND SUBMIT AS A NEW CLAIM AS A NEW CLAIM		CLAIMS FINALIZED 0 9329	DENIALS	DENIALS 259	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM SERVICE REQUIRES PRIOR APPROVA L. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	DENIALS 563 295 206	E08S 8599 120	R FOR MH/DD R FOR MH/DD SOUTHEASTERN RE	NUMBER 3404925
DENIALS DESCRIPTION DENIALS DENIALS PINALIZED	PAID	FINALIZED 0 9329	DENIALS	DENIALS 259	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM SERVICE REQUIRES PRIOR APPROVA L. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	DENIALS 563 295 206	E08S 8599 120	R FOR MH/DD R FOR MH/DD SOUTHEASTERN RE	NUMBER 3404925
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					RENEFIT PACKAGE. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM SERVICE REQUIRES PRIOR APPROVA L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	206	23	SOUTHEASTERN RE	3404926
120					CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM SERVICE REQUIRES FRIOR APPROVA L DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND EENERIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	206	23		3404926
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G MENTAL HL	2 4411	4 5202	784	89	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	197	8599		3404926
G MENTAL HL	2 4411	4 5202	784	89	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	197	8599		3404926
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S404 S8 SEVERE DUPLICATE: SAME ATTO PR									
OV/PCODE/TOS/DOS/MOD					CODE/TYPE OF SERVICE COMBINATI				
OV/PCODE/TOS/DOS/MOD									
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and matter and						34	8599	LEE HARNETT MH/	3404929
DD/SAS ION OF RECIPIENT, PROVIDER AND								DD/SAS	
BENEFIT PACKAGE.					BENEFIT PACKAGE.				
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R CANNOT BE THE SAME AS									
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21 14 DUPLICATE OF CLAIM-SYSTEM					DUPLICATE OF CLAIM-SYSTEM	14	21		
						33	8518	JOHNSTON COUNTY	3404930
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	1					33	8518		3404930
	\pm				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	33			3404930
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	5 28	7 85	57	3	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				3404930
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	3844	0 4964	1120	0	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUMMITTED BY CLAIMS DENIED, SUMMITTED BEYON O FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. OEFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT STANDARD SEMBLE	20 3 419 143 137	8517 8931 8599 8935 120 0 0 8599	MAKE CO HUM SVC BILLING OF RANDOLPH/SANDHI LLS CO MH C	3404931
D FILING TIMELINIT, JULY THROUGH AFFIL DOS MUST BE SUBM 1	3844	0 4964	1120	0	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUMMITTED BY CLAIMS DENIED, SUMMITTED BEYON O FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. OEFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT STANDARD SEMBLE	20 3 419 143 137	8517 8931 8599 8935 120 0 0 8599	MAKE CO HUM SVC BILLING OF RANDOLPH/SANDHI LLS CO MH C	3404931
	3844	0 4964	1120	0	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUMMITTED BY CLAIMS DENIED, SUMMITTED BEYON O FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. OEFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT STANDARD SEMBLE	20 3 419 143 137	8517 8931 8599 8935 120 0 0 8599	MAKE CO HUM SVC BILLING OF RANDOLPH/SANDHI LLS CO MH C	3404931

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8599	101	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8326	20	ATTENDING PROVIDER NUMBER IS R	0	149	822	673
<u> </u>				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		11	0	CLIENT NOT ELIGIBLE ON SERVICE				
-		11	9	DATE				
-				DATE				
3404935	MAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	WAYNE CO MENTAL HEALTH CTR							
	HEADIN CIK							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8621	43	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	20	93	2878	2785
				RVICES IN IPRS.				
								
 		0500	1.1	DETENT NOT COMPAND BY COMPAND		ļ		ļ
		8599	11	DETAIL NOT COVERED BY COMBINAT		—		
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		-	1	DENG. II FRORRIGE.		1		
3404937		8517	412	CLAIMS DENIED, SUBMITTED BEYON		-		-
0-557	EDGECOMBE NASH			D FILING TIMELIMIT. JULY				
	MNTL HLTH C			THROUGH APRIL DOS MUST BE SUBM				
		8000	31	NO RATE AVAILABLE ON FILE TO P	2	502	2916	2414
				RICE THIS CLAIM DETAIL	2	302	2310	2414
		191	23	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	8599	24	DETAIL NOT COVERED BY COMBINAT				
	TONE COUNSE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	19	DIAGNOSIS OR SERVICE INVALID F	7	63	838	775
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		5404	13	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
2404020		0547	2.55					
3404939	NEUSE MENTAL HE	8517	365	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
-	ALTH CENTER			THROUGH APRIL DOS MUST BE SUBM				
-		-	 	THE POUNDE DE SUBS		 		-
		8329	128	CLAIM DENIED ATTENDING PROVIDE		656	4829	4173
		-	<u> </u>	R CANNOT BE THE SAME AS	6	656	4029	41/3
		+	1	THE LMA		 		
		+	1			 		
		8599	70	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	8599	41	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	<u> </u>	L						
		143	32	CLIENT ID NUMBER NOT ON STATE	9	178	1057	879
	1			ELIGIBILITY FILE				
			1		I .	1		
		11	20	CLITHUM NOW BLICKING ON CONTROL				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		11	29					
3404942				DATE				
3404942	ROANOKE CHOWANH	11 8599	29	DATE DETAIL NOT COVERED BY COMBINAT				
3404942	ROANOKE CHOMANH UMAN SERVIC			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404942				DATE DETAIL NOT COVERED BY COMBINAT				
3404942		8599	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942				DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	24	552	3464	2912
3404942		8599	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	24	552	3464	2912
3404942		8599	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON	24	552	3464	2912
3404942		8599 8517	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVICER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	24	552	3464	2912
3404942		8599	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	24	552	3464	2912
3404942		8599 8517	475	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CMTNC INELIGIBLE TO RECEIVE SE	24	552	3464	2912

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	THOVEDER MEET				DENTITED	DENTITED	111111111111111111111111111111111111111	11120
3404943	ALBEMARLE MENTA	21	102	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		0500	2.0					
		8599	92	DETAIL NOT COVERED BY COMBINAT	40	399	2799	2400
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	53	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA	8517	240	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
	N SERVICES			THROUGH APRIL DOS MUST BE SUBM				
				INROUGH APRIL DOS MUSI BE SUBM				
		8599	143	DETAIL NOT COVERED BY COMBINAT	112	640	4348	3708
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	74	DUPLICATE OF CLAIM-SYSTEM				
	1		1					
3404946		0	0	*** NO DATA TO REPORT ***				
3404946	FOOTHILLS AREAM	U	U	NO DATA TO REPORT				
	ENTAL HEALT							
		0	0			0	0	0
3404957	TIDELAND MENTAL	537	75	PROCEDURE IS NOT COVERED FOR T				
	HEALTH CTR			HIS DATE OF SERVICE				
	HEALIN CIK							
		0000	2.4	CLAIM DENIED ATTENDING PROVIDE				
		8329	31		64	223	867	644
				R CANNOT BE THE SAME AS				
				THE LMA				
		8931	30	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
								1
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				1
	TAL HLTH CT		+	+				
	IAL BLIB CI		+					1
								1
								l
		U	U		(0	0	0
								ļ
3404979	NEW RIVER AREAM	8517	888	CLAIMS DENIED, SUBMITTED BEYON				1
	H/DD/SA PRO			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
								1
		21	44	DUPLICATE OF CLAIM-SYSTEM		961	2043	1082
	+		+	* * *		301	2043	1082
								
								1
		8599	12	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				